MISSISSIPPI DEPARTMENT OF REHABILITATION SERVICES Agency Brochure Order Form

Name:		Shipping Address [no post office boxes]:			
Phone:					
Email:					
Office:					
	ne quantity of brochures desired. If requirin chures will be needed in the space provided b		include t	the name of	the event
MDRS - 1	MDRS: Providing the Freedom to Live	50	100	150	OTHER
MDRS - 2	Vocational Rehabilitation	50	100	150	OTHER
MDRS - 3	Supported Employment	50	100	150	OTHER
MDRS - 4	Transition Services	50	100	150	OTHER
MDRS - 5	AbilityWorks: Client	50	100	150	OTHER
MDRS - 6	AbilityWorks: Business	50	100	150	OTHER
MDRS - 7	AbilityWorks: LINCS	50	100	150	OTHER
MDRS - 8	Vocational Rehabilitation for the Blind	50	100	150	OTHER
MDRS - 9	Addie McBryde Rehabilitation Center	50	100	150	OTHER
MDRS - 10	Project START	50	100	150	OTHER
If applicable, p	provide the name and date of activity brochur	res required for: _			
Requested by	:	Date:			

SEND FORM TO:

Office of Communications and Consumer Relations
Attn: Carrie Balentine
Post Office Box 1698
Jackson, Mississippi 39215-1698
Phone: 601.853.5175

Fax: 601.853.5161 Email: cbalentine@mdrs.ms.gov

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